

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2400165
<b>Decision Date:</b>	04/26/2024	<b>Hearing Date:</b>	01/30/2024
<b>Hearing Officer:</b>	Emily Sabo	<b>Record Open to:</b>	02/27/2024

**Appearance for Appellant:**



**Appearance for MassHealth:**

Tiffany Castellanos, Charlestown MEC



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, Quincy, Massachusetts 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Approved	<b>Issue:</b>	Eligibility
<b>Decision Date:</b>	04/26/2024	<b>Hearing Date:</b>	01/30/2024
<b>MassHealth's Rep.:</b>	Tiffany Castellanos	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center (Telephone)	<b>Aid Pending:</b>	Yes

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

Through a notice dated December 26, 2023, MassHealth terminated the Appellant's MassHealth benefits effective January 9, 2024, for failure to "provide proof in the time allowed."<sup>1</sup> 130 CMR 502.003(D) and Exhibit 1. The Appellant filed this appeal in a timely manner on January 3, 2024.<sup>2</sup> 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth terminated the Appellant's MassHealth coverage.

### Issue

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<sup>1</sup> Another notice in the appeal record, dated January 2, 2024, states that the proof that was not provided to MassHealth in the time allowed was proof of income, for individual "OP." Exhibit 1 at 4.

<sup>2</sup> The Appellant was granted aid pending appeal. 130 CMR 610.036.

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 502.003(D), in terminating the Appellant's MassHealth coverage.

## Summary of Evidence

The hearing was held telephonically. The Appellant was represented by his mother, who verified the Appellant's identity. The Appellant's representative testified that the Appellant is [REDACTED]. The Appellant's representative testified that for tax year 2022 she filed a tax return as head of household, claiming the Appellant and her other child as dependents. The Appellant's representative testified that as the Appellant graduated from high school and is working part time, he would file his own tax return for tax year 2023. The Appellant's representative testified that she married in [REDACTED]. The Appellant's representative testified that her husband, OP, is not the parent of the Appellant and has not claimed the Appellant as his tax dependent. The Appellant's representative testified that neither she nor OP intended to claim Appellant as a dependent for tax year 2023. The Appellant's representative testified that the Appellant previously was enrolled in her employer-sponsored insurance as his primary coverage and had MassHealth as a secondary insurance. The Appellant's representative explained that she had met with a Shine counselor in August 2023 to seek primary MassHealth coverage for the Appellant because she was enrolling in her husband's employer-sponsored insurance, and the Appellant was not eligible for it, as he is not OP's child.

The MassHealth representative testified that according to MassHealth's system, MassHealth had the Appellant as a member of a household of three, consisting of the Appellant, the Appellant's representative, and OP. The record was held open until February 20, 2024, for the Appellant to submit proof of his income and tax filing status. The Appellant's representative submitted the Appellant's 2023 W-2 and 2023 tax filing. Exhibits 5 and 6. The record was held open until February 27, 2024, for MassHealth to review and respond.

## Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The Appellant was [REDACTED] at the time of the hearing (Testimony, Exhibit 4).
2. The Appellant [REDACTED] during the record open period (Testimony, Exhibit 4).
3. The Appellant filed his 2023 taxes as single and does not claim any dependents (Exhibit 6 at 5).
4. OP is not the father of the Appellant and does not claim the Appellant as a tax dependent (Testimony).

5. According to the Appellant's 2023 tax return, his adjusted gross income was \$4,940, based on his income from three jobs (Exhibit 6 at 5-7).
6. The Appellant's mother is not claiming the Appellant as her dependent for tax year 2023 (Testimony).

## Analysis and Conclusions of Law

The MassHealth regulations provide as follows:

### 502.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, residency, citizenship, immigration status, and identity as described in 130 CMR 503.000: Health Care Reform: MassHealth: Universal Eligibility Requirements, 130 CMR 504.000: Health Care Reform: MassHealth: Citizenship and Immigration, and 130 CMR 506.000: Health Care Reform: MassHealth: Financial Requirements.

(A) Information Matches. The MassHealth agency initiates information matches with other agencies and information sources as described at 130 CMR 502.004 in the following order, when an application is received in order to verify eligibility:

(1) the Federal Data Hub, which matches with the Social Security Administration, the Department of Homeland Security, and the Internal Revenue Service; and

(2) other federal and state agencies and other informational services.

(B) Electronic Data Sources. If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual.

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 502.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

(1) The applicant or member has 90 days from the receipt of the Request for Information Notice to provide all requested verifications.

(2) If the applicant or member fails to provide verification of information within 90 days of receipt of the MassHealth agency's request, the MassHealth agency does one of the following.

(a) If the required information is available from electronic data sources, the MassHealth agency uses that information to redetermine eligibility.

(b) If the required information is not available from electronic data sources, MassHealth coverage is denied or terminated except for individuals described at 130 CMR 502.001(D)(1) through (4).

(c) If the required verifications are received within one year from the date of the application or renewal form was received, coverage is reinstated to a date 10 days before the receipt of the verifications.

(d) If the required verifications are not received within one year of receipt of the previous application or renewal form, a new application must be completed.

(E) Provisional Eligibility. The MassHealth agency will provide benefits while the applicant provides the MassHealth agency outstanding corroborative information in accordance with 130 CMR 502.003(D)(1), except for individuals described at 130 CMR 502.003(E)(2). Except as further set forth below, the MassHealth agency will accept self-attestation for all eligibility factors other than citizenship and immigration status, and make a provisional eligibility determination as if the applicant had supplied the information. MassHealth applicants can receive only one provisional eligibility approval during a 12-month period, unless the individual is pregnant. MassHealth members are required to enroll in managed care during the provisional eligibility period, if enrollment is otherwise required as described in 130 CMR 508.004: Managed Care Organizations (MCOs). MassHealth members who have been assessed a premium are subject to payment of premiums during the provisional eligibility period. Premium assistance is not awarded during the provisional eligibility period. It is only provided when all corroborative information has been received and the health insurance investigation is complete, as described in 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types. Provisional eligibility is subject to the following limitations.

(1) Coverage Date.

(a) Coverage for individuals who have been determined provisionally eligible begins 10 days before the date the application is received.

(b) If all required verifications are received before the end of the provisional eligibility period, retroactive coverage is provided for the verified coverage type in accordance with 130 CMR 505:000: Health Care Reform: MassHealth: Coverage Types.

(2) Limitations. Provisional eligibility is subject to the following limitations.

(a) Provisional eligibility is not available for adults 21 years of age or older who have not verified all income in their MAGI household, as described at 130 CMR 506.000: Health Care Reform: MassHealth: Financial Requirements, unless the individual is

1. pregnant and has attested MAGI income at or below 200% of the federal poverty level (FPL);
2. 21 through 64 years of age and HIV-positive with attested MAGI income at or below 200% of the FPL; or
3. in active treatment for breast or cervical cancer and is younger than 65 years old with attested MAGI income at or below 250% of the FPL.

(b) The MassHealth agency will not accept self-attestation of disability. Disability must be verified as described in 130 CMR 505.002(E)(1): Disabled Adults. Eligibility for applicants who apply for benefits on the basis of disability will be determined as if they were not disabled until disability is verified as described in 130 CMR 505.002(E)(1): Disabled Adults.

(c) A member's coverage type will not be redetermined during the provisional eligibility period, except that members granted provisional eligibility who attest to pregnancy will be enrolled in MassHealth Standard.

130 CMR 502.003(A)-(E).

505.002: MassHealth Standard

....

(B) Eligibility Requirements for Children and Young Adults. Children and young adults may establish eligibility for MassHealth Standard coverage subject to the requirements described in 130 CMR 505.002(B).

....

(2) Children One through 18 Years Old.

(a) A child one through 18 years old is eligible if

1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level; and
2. the child is a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as described in 130 CMR 504.003(A): *Lawfully Present Immigrants*.

(b) Eligibility for a child who is pregnant is determined under 130 CMR 505.002(D).

(3) Young Adults 19 through 20 Years Old.

- (a) A young adult is eligible if
  1. the modified adjusted gross income of the MassHealth MAGI household is less than or equal to 150% of the federal poverty level (FPL); and
  2. the young adult is a citizen as described in 130 CMR 504.002: *U.S. Citizens* or a lawfully present immigrant as described in 130 CMR 504.003(A): *Lawfully Present Immigrants*.
- (b) A young adult receiving MassHealth Standard who receives inpatient services on the date of their 21<sup>st</sup> birthday remains eligible until the end of the stay for which the inpatient services are furnished.
- (c) Eligibility for a young adult who is pregnant is determined under 130 CMR 505.002(D).

130 CMR 505.002(B)(2), (B)(3).

506.002: Household Composition

(A) Determination of Household Composition. MassHealth determines household size at the individual member level. MassHealth determines household composition in two ways.

(1) MassHealth Modified Adjusted Gross Income (MAGI) Household Composition. MassHealth uses the MassHealth MAGI household composition rules to determine member eligibility for the following benefits:

- (a) MassHealth Standard, as described in 130 CMR 505.002(B), (C), (D), (F), and (G);

....

(B) MassHealth MAGI Household Composition.

(1) Taxpayers Not Claimed as a Tax Dependent on Their Federal Income Taxes.

For an individual who expects to file a tax return for the taxable year in which the initial determination or renewal of eligibility is being made and who is not claimed as a tax dependent by another taxpayer, the household consists of

- (a) the taxpayer, including their spouse, if the taxpayers are married and filing jointly regardless of whether they are living together;
- (b) the taxpayer's spouse, if living with them regardless of filing status;
- (c) all persons the taxpayer expects to claim as tax dependents; and
- (d) if any individual described in 130 CMR 506.002(B)(1)(a) through (c) is pregnant, the number of expected children.

130 CMR 506.002(A)(1)(a); (B).

Based on the evidence at hearing and in the record, at the time of his application the Appellant

was a [REDACTED] and is now a [REDACTED]. The Appellant has a household size of one as a single taxpayer. 130 CMR 506.002(B). Accordingly, his household does not include OP, and his coverage should not have been terminated for failure to provide proof of OP's income within 90 days. MassHealth erred in doing so.

The MassHealth regulations at 130 CMR 501.001 define the federal poverty level as, "income standards issued annually in the *Federal Register* to account for the last calendar year's increase in prices as measured by the Consumer Price Index." For 2024, the *Federal Register* states that the federal poverty level for a household of one is \$15,060 annually. The Appellant's annual gross income of \$4,940 is less than 100% of the federal poverty level. Therefore, the Appellant is eligible for MassHealth Standard. 130 505.002(B)(3). Consequently, the Appellant's appeal is approved.

## Order for MassHealth

Rescind termination notice for not providing proof of OP's income. Approve the Appellant's application for MassHealth standard.

## Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

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Emily Sabo  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Nga Tran, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

[REDACTED]

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<sup>3</sup> No evidence was presented to suggest that the Appellant is not a U.S. citizen or lawfully present immigrant.